RI SOS Filing Number: 202461661350 Date: 12/16/2024 12:00:00 PM

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State of Rhode Island Department of State - Business Services Division

-> Filing period: February 1 - May 1

→ Fling Fee: \$50.00

-> Penalty: Additional \$25,00 fee it form is not filed by May 31.

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1 Entity ID Number	2. Exact name of the Limited Liability Company					
001762094	Haul It LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
56 2.998	Timb Romand					
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zip		
47 Wood Arc # 3	2	Barngen	RF	02.806		
7. Mailing Address of Limited L	lability Company and Name or T	Title of Contact Person				
Contact Name	Contact Title					
Leonardo Agrelli		Owner				
Street Address		City	State	Zip		
1301 Hope Ro	<u>, </u>	Hope	RL	02831		
6. The Resident Agent informs	tion currently of record with the I	RI Department of State is accu	rate. Changes requir	e filing Form 642.		
9. Under penalty of perjury, i declare and affirm that i have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person		Date				
Leonardo Agre	Ali:		12/5/	12024		
Signature of Authorized Person			· <u></u>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 12:00

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FORM 632 - Revised, 12/2023